Substitute for form 1449/PTO				Complete if Known			
(Revised 07/2007) INFORMATION DISCLOSURE STATEMENT BY APPLICANT				Application Number 10/543,028			
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				First Named Inventor		Emmanuel Legrand	
				Art Unit		3723	
(Use as many sheets as necessary)			Examiner Name		Grant, Alvin J.		
Sheet	1 of 1		1	Attorney Docket Number		047578/294908	
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Examiner Signature /Ghassem Alie/ Date Considered 04/30/2009

^{*}Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.